

Case Number:	CM14-0005372		
Date Assigned:	01/24/2014	Date of Injury:	06/28/2004
Decision Date:	04/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old female with a 6/28/04 date of injury. At the time (12/12/13) of request for authorization for MRI bilateral knees, there is documentation of subjective (bilateral knee pain) and objective (tenderness to palpation over the lateral joint line of right knee and tenderness at the patellofemoral joint line of left knee) findings, current diagnoses (status post right lateral meniscectomy and chondroplasty and microfracture of the left trochlea), and treatment to date (medications). 1/7/14 appeal letter identifies a request for MRI "to evaluate the area of microfracture to evaluate if healing has occurred vs. progression of chondral defect of the trochlea on the left; and to rule out possible progression of recurrent tearing of the lateral meniscal tear on the right".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, and to determine extent of ACL tear preoperatively, as criteria necessary to support the medical necessity of MRI of knees. ODG identifies documentation of the following indications for MRI of knee (acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation; OR nontraumatic knee pain, child or adult; Patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion), and if additional imaging is necessary internal derangement is suspected; OR nontraumatic knee pain, adult; nontraumatic, nontumor, nonlocalized pain; initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion), if additional studies are indicated and internal derangement is suspected; OR nontraumatic knee pain, adult - nontraumatic, nontumor, nonlocalized pain, initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening); OR repeat MRI's post-surgically if need to assess knee cartilage repair tissue), need to assess knee cartilage repair tissue MRI of the knee. Within the medical information available for review, there is documentation of diagnoses of status post right lateral meniscectomy and chondroplasty and microfracture of the left trochlea. However, despite documentation of a rationale identifying a request for MRI "to evaluate the area of microfracture to evaluate if healing has occurred vs. progression of chondral defect of the trochlea on the left; and to rule out possible progression of recurrent tearing of the lateral meniscal tear on the right", there is no documentation of an indication (with supportive subjective and objective findings) for which an MRI of knee is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI bilateral knees is not medically necessary.